

Illinois Department of Public Health
Affordable Care Act In-Person Counselor Grant Program
State Fiscal Year 2014

Request for Applications (RFA) Instructions

Application Package Contents:

- Cover Page (with Webinar, Questions, Letter of Intent, and Application Submission information)
- Background and Purpose/General Information
- Period of Performance
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- Eligible Applicants
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- Grant Application Instructions

Webinar

Informational webinar for potential applicants: **Thursday, May 9, 2013, at 10:00 AM.**

Webinar Registration Link:

<https://www305.livemeeting.com/lrs/8002054163/Registration.aspx?PageName=hfhrvf978qb8w95p>

Questions

Questions regarding the content of this RFA may be submitted to gov.ilmarketplace@illinois.gov. Responses to all submitted questions will be posted at <http://www2.illinois.gov/gov/healthcarereform/Pages/IPC.aspx>. The State and its employees are unable to provide answers to questions about the RFA through any other means. RFA questions must be received by **5:00 PM CDT May 23, 2013**. Technical questions related to the online application may be submitted to DPH.GrantReview@illinois.gov through the end of the application period.

Letter of Intent

An optional letter of intent to apply for this funding opportunity may be submitted to gov.ilmarketplace@illinois.gov by **May 13, 2013**. The letter of intent is for informational purposes only, and is neither a requirement nor a binding commitment for application. Organizations that wish to have their information posted on <http://www2.illinois.gov/gov/healthcarereform/Pages/IPC.aspx> in order to communicate with other applicants for the purpose of forming a Partnership should include in their letter the following completed table.

Organization Name	Contact Person	Contact Person Phone Number	Contact Person Email	Counties in which Organization will Operate	Any Specific Populations Organization will Assist

Application Submission

Applications for this funding opportunity must be submitted through the Illinois Department of Public Health's [Electronic Grant Application Management System \(EGrAMS\)](#). Both the applicant organization and the individual submitting an application on its behalf are required to obtain accounts on EGrAMS in order to submit an application. Instructions for using EGrAMS are available at http://www.idph.state.il.us/grant_rfps/FY14/EGrAMS_Quick_Start_Guide.pdf.

Application closes on Thursday, May 30th, 2013, at 4:00 pm CDT

I. Background and Purpose/General Information

The Illinois Department of Public Health (IDPH), in coordination with the Illinois Health Insurance Marketplace team, is issuing this Request for Applications (RFA) for the In-Person Counselor Grant Program to provide grant funding to organizations seeking to assist eligible Illinois residents in enrolling in new coverage options and affordability programs made available through the federal Affordable Care Act (ACA). Grants are targeted to serve populations currently without health insurance and expected to benefit from the ACA's expansion of the Medicaid program and provision of financial assistance for the purchase of Qualified Health Plans (QHPs) on the newly created Health Insurance Marketplace (also referred to as "Health Insurance Exchange").¹ The State is particularly focused on serving individuals who would have difficulty enrolling in coverage without the help of a Counselor, including (but not limited to) individuals with low literacy, limited English proficiency, low-income individuals, people with disabilities and other hard-to-reach populations.

Eligible Illinois residents will be able to enroll in individual market QHPs during an Open Enrollment period beginning October 1, 2013, and lasting through March 31, 2014. Enrollment must occur during this period, unless an individual experiences certain losses of other coverage which trigger a special enrollment period. Enrollment will occur 24 hours a day, 7 days a week during the entire open enrollment period. Small employers and their employees and Medicaid-eligible individuals will be able to enroll in coverage at any time beginning October 1, 2013. Through this RFA, the State is seeking to award funding to eligible organizations to perform the following duties prior to, during, and after the Open Enrollment period:

- Maintain expertise in eligibility, enrollment, and program requirements;
- Conduct public education activities to raise awareness about the Health Insurance Marketplace;
- Provide information and services in a fair, accurate and impartial manner. Such information must acknowledge other health benefit programs;
- Facilitate selection of a QHP or, when appropriate, a public insurance plan;
- Provide referrals to the Illinois Department of Insurance, or any other appropriate State agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and
- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Health Insurance Marketplace at no cost to those individuals, including individuals with limited English proficiency, and ensure accessibility and usability of IPA tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

Illinois Health Insurance Marketplace believes that the best way to deliver on the promises of the Affordable Care Act to ensure security, stability, and affordable health coverage for all Americans is to approach our program with the following guiding principles:

- 1) Promotion of a Statewide Culture of Coverage;
- 2) Empowerment of Community Based Organizations and Stakeholders;
- 3) Measurement of Enrollment;
- 4) Promotion of Health Care as a Value; and
- 5) Building of a Strong and Trusted Reputation Among All Residents.

These guiding principles should be reflected in the work of the grantee entities participating in the In-Person Counselor Grant Program.

¹ For more information on Health Insurance Marketplaces, visit <http://www.healthcare.gov/marketplace/index.html>

II. Period of Performance

The period of performance of this grant will be one calendar year, expected to begin in July 2013, and end June 30, 2014. Subsequent renewals cannot be assured. The anticipated award timeframe for this program is July 2013. Training will begin in July-August 2013. Grantee organizations may begin to utilize funding for non-enrollment activities (i.e., hiring new staff, conducting outreach events) immediately upon receiving an award. However, no employee of an organization may conduct enrollment activities with grant funding prior to completing all required state and federal training and receiving certification from the Illinois Department of Insurance. All awardees must perform required activities throughout the entirety of the Open Enrollment period (October 1, 2013-March 31, 2014), and will be required to perform certain post-enrollment assistance activities throughout the remainder of the grant period.

Sample Timeline of Grant Activities	
July 2013	Grantee organization receives notice of award; grant agreement is executed.
July-August 2013	Grantee organization employees complete federal and state training.
August 2013-September 2013	Grantee organization conducts pre-enrollment outreach, tracking, and educational activities.
October 2013-March 2014	Grantee organization conducts activities to facilitate enrollment in health coverage.
April 2014-June 2014	Grantee organization provides post-enrollment education and support, facilitates enrollment for individuals eligible for Medicaid and for QHP special enrollment periods, and continues to facilitate enrollment for eligible small employers.

III. Available Funding

\$28,353,048.00 is being made available for the IPC Grant Program through this RFA, with a \$1 million funding limit for individual applications (if a proposal requires funds exceeding \$1 million the applicant must provide a detailed explanation of the need for the additional funds). Grants may be made to individual organizations or to lead agencies distributing sub-grants to partnering individual organizations. **IDPH encourages the formation of such partnerships for the purposes of this application.** (See instructions regarding Letter of Intent for information on posting contact information to the IDPH website to facilitate the formation of a partnership.)

IDPH will make an effort to award funds across the state's counties in proportion to the uninsured population, and to ensure access to in-person application assistance services for underserved populations, including but not limited to individuals with low literacy, limited English proficiency, low-income individuals, people with disabilities and other hard-to-reach populations. As such, organizations are required to indicate in their applications the counties in which they plan to conduct grant activities, the estimated number of Counselors and percent of time spent in each county, as well as languages in which staff designated to perform grant activities are fluent. Applicants must demonstrate the capacity and past experience serving the populations they propose to target for the IPA program. It is possible that multiple high ranking applications focusing on the same community within a similar region will not all be funded. In order to reach all areas of the state, evaluation will also consider geographic coverage in addition to scores. While applicants are asked to demonstrate their expertise with specific populations and may incorporate proposals for targeting such populations in their project narrative, grantees will be required to provide assistance to all Illinois residents who wish to use their services.

Grant funding is intended to support the provision of in-person application assistance to Illinois consumers eligible for enrollment into QHPs, tax credits and cost-sharing reductions, and/or Medicaid. Grant funding may also be used to provide outreach and education to eligible populations, and provide post-enrollment support to individuals served by the grantee organization. Examples of eligible expenses include, but are not limited to, hiring new staff to perform grant activities, paying current staff for time devoted to grant activities, expenses associated with travel to and from locations at which grant activities are performed, and the production of materials to promote awareness of the specific organization's services as an In-Person Counselor entity. Educational and marketing materials describing features of the Health Insurance Marketplace, eligibility requirements, enrollment processes, common features of health insurance products, and other materials not specific to promoting awareness of individual In-Person Counselor entities will be produced by the State and translated into several languages. Applicants should therefore not apply for funding for the production of such materials.

The grant funds may not be used for institutional, organizational, or community-based overhead costs not directly related to grant objectives; indirect costs; or levies. Grants awarded through this RFA are intended to augment current funding for required grantee activities and are not intended to replace that funding. Additionally, funds received under this grant may not be used for any of the following purposes:

- To cover the costs to provide direct health care services to individuals.
- To match any other Federal funds.
- To provide services, equipment, or support that are the legal responsibility of another party under Federal or State law (such as vocational rehabilitation or education services) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
- To supplant existing State, local, or private funding of infrastructure or services such as staff salaries, etc.
- To cover any pre-award costs.
- To carry out services that are the responsibility of the Health Insurance Marketplace, such as eligibility determinations and transferring enrollment information for consumers to a QHP, or to carry out any functions already funded through federal Exchange Establishment grants under section 1311(a) of the Affordable Care Act.
- To assist consumers residing in a State other than Illinois. Grantees may provide these consumers with basic information about Health Insurance Marketplaces, but should refer them to Navigators or Counselors, the Marketplace Call Center, and other resources within the State where the consumer resides for more in-depth assistance.
- To expend funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body. Grant recipients may lobby at their own expense if they can segregate federal funds from other financial resources used for that purpose.

IV. Eligible Applicants

IDPH will only accept applications from legally recognized organizational entities; applications from individual persons will not be considered. Only organizations based within Illinois (including local chapters of national organizations) are eligible to compete for these funds. Grants may be made to individual organizations or to lead agencies distributing sub-grants to partnering individual organizations. **IDPH encourages the formation of such partnerships for the purposes of this application.** Both lead organizations and sub-contracting organizations must meet the eligibility requirements defined in this section.

The minimum eligibility requirements for entities responding to this RFA are consistent with the final regulations issued by the U.S. Department of Health & Human Services on March 27, 2012, and April 3, 2013 (45 CFR 155.210 and 45 CFR 155.215). Pursuant to these regulations and the Affordable Care Act, organizations eligible to apply for funding include the following:

- Community and consumer-focused nonprofit groups;
- Trade, industry, and professional associations;
- Commercial fishing industry organizations, ranching and farming organizations;
- Chambers of commerce;
- Unions;
- Resource partners of the Small Business Administration;
- Licensed agents and brokers; and
- Other public or private entities that meet the requirements of this section. Other entities may include but are not limited to Indian tribes, tribal organizations, urban Indian organizations, and State or local human service agencies and other government entities, including local Public Health Departments.

To receive a grant, an applicant must:

- Be capable of carrying out at least those duties described in Section V (“Program Requirements”);
- Demonstrate to IDPH that the entity has existing relationships, or could readily establish relationships, with consumers (including uninsured and underinsured consumers) likely to be eligible for enrollment in a QHP or Medicaid;
- Meet the certification standards prescribed within this application;
- Not have a conflict of interest during the term as grantee defined in the section below; and
- Comply with the privacy and security standards adopted by IDPH and HHS, including those found in 45 CFR 155.260 (see Appendix I for a web link to this regulation).

To receive a grant, an applicant may not:

- Be a health insurance or stop-loss insurance issuer;
- Be a subsidiary of a health insurance or stop-loss insurance issuer;
- Be an association that includes members of, or lobbies on behalf of, the insurance industry; or,
- Receive any consideration directly or indirectly from any health insurance or stop-loss insurance issuer in connection with the enrollment of any individuals or employees in a QHP or a non-QHP.

Organizations receiving consideration from health insurance issuers for reasons other than enrollment in insurance products (e.g., reimbursement for the provision of medical services, or grant funding for educational activities related to community health) are eligible to apply for this grant. All applicants and grantees must adhere to the following conflict-of-interest disclosure requirements:

- An In-Person Counselor entity, including a grant applicant, must submit to IDPH a written attestation that the entity and its staff do not have any of the prohibited conflicts of interest.²
- All In-Person Counselor entities must submit to IDPH a written plan to remain free of conflicts of interest during their term as In-Person Counselors.
- Certain conflicts of interest, while not a bar to serving as an In-Person Counselor, should be disclosed to IDPH and to each consumer receiving application assistance (which includes pre-enrollment and post-enrollment services, but does not include outreach and education assistance), both by the individual In-Person Counselor, non-Counselor assistance personnel and the entity. Disclosures include:
 - Any lines of insurance business, other than health insurance or stop loss insurance, which the Counselor intends to sell while serving as a Counselor.

² The written attestation required of applicants is fulfilled by the applicant’s response to Question #6 in Section 2.1 of this RFA (and the corresponding question appearing on the EGrAMS system). Other conflict-of-interest disclosure requirements listed in this section will be fulfilled following the award of the grant.

- Any existing and former employment relationships they have had within the last five years with any issuer of health insurance or stop loss insurance, or subsidiaries of such issuers.
- Any existing employment relationships between any health insurance issuer or stop-loss insurance issuer, or subsidiary of such issuers, and the individual's spouse or domestic partner.
- Any existing or anticipated financial, business, or contractual relationships with one or more issuers of health insurance or stop loss insurance or subsidiaries of such issuers.

Organizations that have applied for or received funding through the U.S. Department of Health and Human Services [Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges program](#) (CFDA 93.750) are eligible to apply for funding through this RFA. However, these organizations must demonstrate that activities performed under this funding opportunity will be distinct from those performed under the Navigator Program, and maintain separate accounting and financial records for each program. If an organization is applying for funding for the same activities through both the Navigator Program and this RFA, please include an attachment that clearly identifies areas of overlap. If the organization receives a Navigator award in any of these areas, it will not be eligible for funding through this RFA for the overlapping activities. Please also include the Project Narrative submitted with the organization's Navigator application to the Department of Health and Human Services.

V. Program Requirements

Organizations awarded funding through this grant opportunity will be required to provide in-person assistance to eligible individuals and small employers seeking to enroll in QHPs (including advanced premium tax credits and cost-sharing reductions), Medicaid, and All Kids (Illinois' Children's Health Insurance Program). The list of required duties is derived from the final regulation on Exchanges and Qualified Health Plans issued by the U.S. Department of Health and Human Services on March 27, 2012 (45 CFR 155.210(e)), and includes each of the following:

- Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the Health Insurance Marketplace;
- Provide information and services in a fair, accurate and impartial manner. Such information must acknowledge other health programs;
- Facilitate selection of a QHP or, when appropriate, a public insurance plan;
- Provide referrals to the Illinois Department of Insurance, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and
- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Health Insurance Marketplace at no cost to those individuals, including individuals with limited English proficiency, and ensure accessibility and usability of IPC tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act and recent federal regulations that include guidance on the IPC program (see Appendix I).

All individuals participating in grant activities through successful applicant organizations will be required to receive online training from the federal government and in-person training from the state's training partners at the University of Illinois at Chicago (UIC). Upon completion of the training, each participating individual will be required to demonstrate their knowledge of coverage options, eligibility rules, enrollment procedures, the needs of underserved and vulnerable populations, consumer assistance rules, conflict of interest standards, and privacy and security considerations. Training will be free of charge for grantees. In-person training will be available at numerous locations throughout the state, and travel costs associated with training are eligible for

grant funding. Grantees will be required to complete a registration and certification process through the Health Insurance Marketplace and the Illinois Department of Insurance.

All individuals paid with grant funding will be required to pass a criminal background check, conducted by the grantee organization and submitted to DOI for approval (the cost of the background check is an eligible grant expenditure—see Section 6.9 of the Grant Application Instructions). For current employees, the background check must be submitted within 2 weeks of the grant award. For new employees, background checks must be submitted within 2 weeks of the hiring date. The program expects that organizations abide by Illinois wage laws and encourages base salaries that meet living wage standards.

All postings for new positions funded through this grant must be provided to the Illinois Department of Employment Security's [Illinois JobLink website](#); instructions for posting will be provided to successful applicants. This posting requirement in no way precludes grantee organizations from utilizing other means of advertising and soliciting applications for new positions.

Organizations must have sufficient infrastructure to facilitate online submission of enrollment applications, including: computers and internet access to facilitate online enrollment; scanners to assist potential enrollees with uploading copies of documents to the Marketplace online web portal; and printers. Except in rare instances, all enrollment applications assisted through the IPC program will be electronically submitted through the federal Marketplace or state Application for Benefits Eligibility (ABE) online portal.

Grantees will be required to participate in regular calls and meetings with other organizations providing application assistance and outreach services in order to share best practices and coordinate activities within common geographic regions.

Successful applicants will be required to abide by the grant agreement and submit quarterly progress reports and monthly expenditure reports, as well as communicate performance data to the State of Illinois on a regular basis.

VI. Grant Application Instructions

Checklist

Please complete all eight sections of this application packet on the [Electronic Grant Application and Management System \(EGrAMS\)](#).

- ☐ SECTION 1: Applicant Information
- ☐ SECTION 2: Organizational Eligibility
- ☐ SECTION 3: Applicant Grant History
- ☐ SECTION 4: Grant Project Scope of Work
- ☐ SECTION 5: Grant Project Work Plan
- ☐ SECTION 6: Grant Project Budget
- ☐ SECTION 7: Applicant Certification
- ☐ SECTION 8: Required Attachments

If *ALL* forms are not completed and received by the Illinois Department of Public Health through the EGrAMS website by 4:00 PM CDT on *Thursday, May 30th, 2013*, the application will not be accepted.

Informational webinar for potential applicants:

Thursday, May 9, 2013 at 10:00AM

Webinar Registration Link:

<https://www305.livemeeting.com/lrs/8002054163/Registration.aspx?PageName=hfhrvf978qb8w95p>

**Illinois Department of Public Health
Affordable Care Act In-Person Counselor Grant Program Application Instructions**

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose outlined under the State Finance Act [30 ILCS 105/1 et. seq]. Failure to provide this information may prevent this application for funds from being processed.

SECTION 1. APPLICANT INFORMATION

1.1 Applicant Information

Applicant Name			
Organizational Unit			
Address:			
Address 2:			
City, State, Zip Code, Zip 2:			
Federal I.D. Number			
Reference Number (if applicable)			
Agency Fiscal Year (beginning month and day)			
Agency Type (Check One)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Real Estate Agent	
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Governmental Entity	
	<input type="checkbox"/> Not-for-Profit Corp.	<input type="checkbox"/> Tax Exempt Organization	
	<input type="checkbox"/> Medical Health Care Services Provider	<input type="checkbox"/> Tax Exempt Organization (IRC 501[a] only)	
	<input type="checkbox"/> Trust or Estate		
Website (if applicable):			
<input type="checkbox"/> <i>Before proceeding, please verify that you have read the RFA instructions.</i>			
If applicable, list all Names and FEINS that are registered to your organization or have been registered during the last 3 years.	Names:	FEIN Numbers:	
Illinois Department of Human Rights Number (if applicable):			
<u>Legislative Districts</u>			
State Senator: State Representative: Congressional Representative:			

1.2 Project Information

Project Name:	Affordable Care Act In-Person Counselor Grant Program 2014
Is Implementing Agency the same?	Yes or No
If not, Implementing Agency Name	
Project Start Date	07/01/2013
Project End Date	06/30/2014
Amount of Funds Requested	
Total Project Cost <i>(Please include any in-kind or match dollars in the Total Project Cost amount).</i>	
If subcontractors will be used under this grant application, provide name, address, phone number, and description of services <i>(Please attach a Memorandum of Agreement between your organization and any partnering organization).</i>	Subcontractor name: Address: City, State, Zip: Phone: Description of services: Subcontractor name: Address: City, State, Zip: Phone: Description of services:
If applying for funding above \$1 million, please provide a detailed explanation of the need for additional funds as an attachment.	
What is your organization's annual operating budget?	

1.3 Key Grant Contact Information

Contact Type: <i>(Please identify a Project Director. An Authorized Official and Financial Officer may also be identified but are not required.)</i>	
EGrAMS Login	
Name	
Address	
Address 2	

City, State, Zip Code, Zip 2				
Telephone (Extension)				
Fax				
Email Address				
Designation/Title				
Attachment				

SECTION 2. ORGANIZATIONAL ELIGIBILITY

2.1 Organizational Eligibility:

Applicants must be able to check “yes” to all of the following questions to be considered eligible to submit a project proposal:

1. Is the applicant organization capable of carrying out the following activities: 1) Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the Health Insurance Marketplace; 2) Provide information and services in a fair, accurate and impartial manner. Such information must acknowledge other health benefit programs; 3) Facilitate selection of a QHP or, when appropriate, a public insurance plan; 4) Provide referrals to the Illinois Department of Insurance, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and 5) Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Health Insurance Marketplace, including individuals with limited English proficiency, and ensure accessibility and usability of IPA tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.? **Yes or No**
2. Does the applicant have existing relationships, or is it capable of readily establishing relationships, with consumers (including uninsured and underinsured consumers) likely to be eligible for enrollment in a QHP or Medicaid; **Yes or No**
3. Is the applicant, and each individual employee participating in activities funded under the grant, capable of meeting the certification standards prescribed within this application, including completing required training and passing a written test? **Yes or no**
4. Is the applicant, and each individual employee participating in activities funded under the grant, free from any conflict of interest related to required grant activities? **Yes or no**
5. Is the applicant, and each individual employee participating in activities funded under the grant, capable of complying with the privacy and security standards adopted by IDPH and HHS, including those found in 45 CFR 155.260 (see Appendix I for a web link to this regulation)? **Yes or no**

Applicants must be able to check “yes” to the following question, and the organization’s authorized official must provide a signature acknowledging that answer, in order to be considered eligible to submit an application.

6. The applicant acknowledges that it is not one of the following: a health insurance or stop-loss insurance issuer; a subsidiary of a health insurance or stop-loss insurance issuer; or an association that includes members of, or lobbies on behalf of, the insurance industry. **Yes or no**

Project Director or Authorized Signature: _____ **Official’s Name:** _____

Applicants applying as a lead organization with sub-grantees must be able to check “yes” to the following questions to be considered eligible to submit an application. Applicants not applying as a lead organization with sub-grantees should check “No” for Question 1 and “N/A.” for Questions 2 and 3:

1. Is the applicant applying as a lead organization? **Yes or no**
2. If the applicant is applying as a lead organization with sub-grantees, has it submitted documentation of its agreement with proposed sub-grantees, or a plan for developing such agreements? **Yes, No, or N/A**
3. If the applicant is applying as a lead organization with sub-grantees, do all proposed sub-grantees meet the Organizational Eligibility criteria for this grant? **Yes, No, or N/A**

2.2 Community Coverage Networks

Answering “Yes” or “No” to the following question will have no effect in determining whether the applicant receives an award.

1. If awarded a grant, would the applicant be interested in serving as the lead of a local network of In-Person Counselors (Community Coverage Network) in order to facilitate sharing of best practices for achieving grant goals, distribution of materials and resources, and coordination of activities amongst grantee organizations? (Note: this is not related to the option to serve as a lead organization with sub-grantees for grant application purposes. More information on Community Coverage Networks is available in the Illinois Outreach and Education Plan available in Appendix I.) **Yes or No**

SECTION 3. APPLICANT GRANT HISTORY

3.1 Description of Applicant Organization

Briefly describe the applicant organization (500 Character Maximum)

3.2 Federal and State of Illinois Funding

Has this Applicant received a grant from the federal government or the State of Illinois within the last 3 years?

☐ **YES** ☐ **NO**

If yes, provide the following:

Agency providing grant funding:

Grant Number:

Grant Amount:

Grant Term:

Brief Description of grant:

How long has the applicant been incorporated? (1024 Character Maximum)

Is the applicant in “good standing” with the Illinois Office of the Secretary of State?

☐ **YES** ☐ **NO**

Has the applicant or any principal experienced foreclosure, repossession, civil judgment or criminal penalty (or been a party to a consent decree) within the past seven years as a

result of any violation of federal, state or local law applicable to its business?

☐ YES ☐ NO

If yes, identify the nature of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues. Be as descriptive as possible. (1024 Character Maximum)

Is the applicant or any principal the subject of any proceedings that are pending, or to the best of the applicant's knowledge threatened against applicant and/or any principal that may result in any adverse change to the applicant's financial condition or materially and adversely affect applicant's operations?

☐ YES ☐ NO

If yes, identify the nature of the proceedings and how they may affect the applicant's financial situation and/or operations. (1024 Character Maximum)

Does the applicant or any principal owe any debt to the State of Illinois?

☐ YES ☐ NO

If yes, list the agency, amount of debt, and reason for the debt. Attach additional documentation to explain the debt owed to the state.

3.3 Grant Funding from Other Sources

Describe grant funding received from other sources, including state and local government agencies as of 2013.

Grant Source	Agency/Name of Grant	Term of Grant	Funding
Federal			
State			
Local			
Other			
Other			
Total			

SECTION 4. SCOPE OF WORK

4.1 Brief Project Description

Brief Project Description:
(350 character maximum).

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4.2 Brief Description of Agency History and Mission

<p>Please provide a brief description of your organization's history and its mission. <i>(If applying as a lead organization with sub-grantees, include applicable information for all sub-grantee organizations.)</i></p>	
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4.3 Current or Previous Efforts

Provide a description of current efforts, or previous efforts occurring within the past five (5) years, working with populations likely to be eligible for enrollment in QHPs, affordability programs, and Medicaid, as well as any specific target populations you are applying to serve. Please include the following information:
(1024 Character Maximum for each answer)

- a. Briefly define the target population and engagement strategies proposed for this project;
- b. Briefly describe how your organization currently provides services, education, or otherwise engages this population;
- c. How long you have provided services or otherwise engaged this population;
- d. A brief overview of the organization's experience, expertise and previous accomplishments in providing application assistance for government programs or private health insurance, including relevant metrics and information about the target population; and
- e. A brief overview of the organization's linguistic and cultural competencies.
- f. A brief overview of the organization's experience and expertise in working with the following populations: individuals with low literacy, individuals with limited English proficiency, low-income individuals, people with disabilities, and other vulnerable and hard-to-reach populations.
- g. An attachment that includes the organization's latest audit report (if no such report exists, please attach an explanation as part of Section 8).

4.4 Agency's Decision-making Authority and Structure

Include a clear description of the organization's decision-making authority and structure, financial management experience, and provide evidence of its capacity to provide for the effective use of resources needed to conduct the project. Please also include the following information:

- a. Capacity to hire new staff (if intending to utilize grant funds to do so);
- b. Capacity of current staff to perform grant activities (if intending to utilize grant funds to do so);

- c. Capacity to properly manage grant funding and complete monthly financial reports, quarterly programmatic progress reports, and regularly report enrollment and outreach figures;
- d. Overall capacity to conduct required grant activities; and
- e. If applying as a lead organization with sub-grantees, describe capacity to oversee sub-grantees to ensure compliance with all grant requirements.

4.5 Suitability to Provide In-Person Application Assistance

Describe what makes your organization well-suited to provide in-person application assistance for the target population(s) you are proposing to serve.

4.6 Counties Served

1. Indicate the Counties served by this project: _____
2. If Cook County is selected, does your organization serve the City of Chicago? **Yes or No**
3. If City of Chicago served, indicate Community Area(s) served (*1024 Character Maximum*):

4.7 Applicant Target Populations

Check the box corresponding to the primary population(s) you are proposing to assist through this project.
Note: **Populations are NOT listed in any ranked order.**

- ☐ A. Individuals eligible for QHPs, financial assistance, and/or Medicaid
- ☐ B. Small employers eligible for participation in the Marketplace
- ☐ C. Specific ethnic, cultural, or linguistic groups (please list): _____
- ☐ D. Other specific groups (e.g., people living with disabilities, people with chronic health conditions, young adults, etc.) (please list): _____

4.8 Project Narrative

1. Describe all strategies for identifying individuals and small employers in need of services.
2. Describe all strategies for making target populations aware of the services provided under this grant.
3. Describe strategies for enrolling consumers, including times and locations in which enrollment activities will be performed (including any non-traditional work hours accommodating the needs of the target population), types of events (regular “office hours” at familiar locations, special health fairs, booths/rooms at larger events, etc.).
4. Describe strategies for following up with consumers after enrollment to ensure proper utilization of coverage.
5. Describe how ongoing input from the target population will be gathered, documented, and used for the development, implementation, and evaluation of this project.

6. Describe how you will ensure that the project is culturally, linguistically and developmentally appropriate to the target population within the proposed project.
7. Describe any cultural, economic, or other factors that create barriers to delivering application assistance to the proposed target population.
8. Given the barriers described in your answer to #7 above, describe your plan to deliver your programming in light of the described barriers.

4.9 Key Staff

1. Identify key staff corresponding with grant activities described in application (e.g., staff members responsible for direct oversight, management, implementation or evaluation of the proposed project) and provide the name of the person employed in each position or note that the position is vacant.
 - a. Be sure to include the desired qualifications/requirements of staff hired to perform grant activities. If current employees will perform grant activities, describe the qualifications and skills of current staff, including language and cultural competencies specific to target populations. (Do not attach resumes or CVs.)
 - b. Identify a timeline for the hiring of any new employees who will be performing grant activities, and recruitment strategies for each position.

Name	Position	Qualification Requirements	New Employee? (Yes or No)	Hiring Timeline

2. How many new jobs is the organization creating as a result of this grant?

4.10 Collaborations and Subcontractors

1. Describe any collaborations and the role of any partners or subcontractors.

4.11 Project Management Structure

1. Describe the extent to which the project management structure and design will enable accountability, including a plan for preventing and, should it become necessary, addressing any misconduct.
2. Describe the organization's capacity to collect and report on performance measures to monitor progress.
3. (If applicable) If applying as a lead organization with sub-grantees, describe the organization's capacity to oversee the activities of sub-grantees and manage all financial relationships.

4.12 Goals

Please provide goal statements for the proposed grant project. Goal statements should be supported by the Objective and Activity statements provided in the Work Plan. Describe the goals for the project and how each goal was developed. Goals should include specific figures related to the following:

- a. Number of Illinois residents contacted in each county or community area;

- b. Number of employee hours spent providing application assistance to potential enrollees in each county or community area;
- c. Number of applicants assisted in each county or community area;
- d. Number of enrollments successfully facilitated in each county or community area;
- e. Overall number of enrollments successfully facilitated per grant dollar requested; and
- f. Method for tracking progress toward goals outlined above.

Criteria for Scoring Proposals: The Organizational Capacity and Experience section of the application (4.3-4.5) will be reviewed and scored according to the following criteria (20 Points):

- The applicant organization currently works with the target population and demonstrates its current capability to organize and operate the proposed project effectively and efficiently.
- Includes a clear description of its decision-making authority and structure, financial management experience, and provides evidence of its capacity to provide for or obtain the effective use of resources needed to conduct the project.
- Describes the organization's experience, expertise and previous accomplishments in providing application assistance for government programs or private health insurance. The applicant includes specific information about previous activities and strategies used to reach out to applicable populations, as well as relevant metrics.
- The applicant organization is well suited to provide in-person application assistance and education about new coverage options to the intended target population.

Criteria for Scoring Proposals: The Project Narrative section of the application (4.6-4.8, 4.12) will be reviewed and scored according to the following criteria (50 points):

- The extent to which the applicant's plan to carry out the activities is feasible and consistent with the stated purposes of the funding opportunity announcement.
- The extent to which the applicant's plan is likely to achieve program goals.
- Strategies to identify individuals and small employers in need of application assistance are realistic and demonstrate an expertise with the needs of the target population(s).
- Target population(s) proposed is/are well-justified, specified and measurable, and meet(s) the requirements of the funding opportunity.
- Factors that create barriers to delivering application assistance to the target population are fully described.
- Strategies to deliver assistance in light of barriers are fully described and are feasible.
- The applicant is setting achievable goals for assistance that deliver strong value for the funding requested and align with grant guidelines.

Criteria for Scoring Proposals: The Project Management and Staffing section of the application (4.9-4.11) will be reviewed and scored according to the following criteria (10 Points):

- Key Staff are clearly identified (e.g., staff members responsible for direct oversight, management, implementation or evaluation of the proposed project). The application provides the name of the person employed in each position or notes that the position is vacant.
- Demonstrates experienced, strong project leadership, including executive sponsorship, governance structures and functions, decision-making processes, dedicated coordinator and point-of-contact for the project.
- The type and number of staff needed and the duties of each staff member are clearly stated and appropriate.
- Staff qualifications/requirements (and recruitment strategies, if needed) are clearly stated and appropriate.

- Includes detailed information about collaborations with key stakeholders.
- The extent to which the project management structure and design will enable accountability.
- The demonstrated ability of the organization to collect and report on performance measures and monitor progress.
- The organization demonstrates the ability to oversee sub-grantee activities to ensure program standards are met and goals achieved (if applicable).

SECTION 5. WORK PLAN

Please provide objective and activity statements in the format below. All objectives should be specific, measurable, attainable, relevant, and time-sensitive (SMART). For example: “By March 30, 2014, complete XX number of educational events to enroll individuals.” Activities should describe specific tasks needed to complete the each objective. The Work Plan should be organized as follows.

Objective 1				
Activity 1	Responsible Staff	Date or Date Range	Expected Outcome (If Applicable)	Measurement (If Applicable)
Activity 2	Responsible Staff	Date or Date Range	Expected Outcome (If Applicable)	Measurement (If Applicable)
Objective 2				
Activity 1	Responsible Staff	Date or Date Range	Expected Outcome (If Applicable)	Measurement (If Applicable)
Activity 2	Responsible Staff	Date or Date Range	Expected Outcome (If Applicable)	Measurement (If Applicable)

Criteria for Scoring Proposals: The Work Plan section of the application will be reviewed and scored according to the following criteria (10 Points):

- Includes a complete and reasonable timeline of activities that incorporates the strategies presented in the application and accurately reflects the goals of the grant program.
- The links between activities, objectives, and outcomes are logical and reflect the broader narrative of the application.
- The entirety of the project as presented in the broader application is documented in a coherent fashion within the Work Plan.

SECTION 6. GRANT BUDGET

Totals for each item, category, and for the overall request will be calculated by the EGrAMS system.

6.1 Personnel Services (Salaries and Wages)

If the proposed budget includes Personal Services (salary or wage) costs, please indicate in the Narrative the type of documentation that will be maintained and used to allocate staff costs to the grant (e.g., time sheets, cost allocation plans, certifications of time allocable to grant, other (please describe), not applicable to this grant application). If applicable, cash and in-kind contributions from applicant organization should be identified.

Please complete the budget detail below using ‘Quantity’ (QTY) for the projected monthly salary,’ Rate’ for the percentage of time on the grant (expressed as a decimal (0.0-1.0)), and ‘Units’ for the number of months in each year. The Unit of Measure (UoM) should be set to Month (MTH) for this expense category.

Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the applicant meet the goals of the grant program.

Staff Name	Qty	Rate	Units	UoM	Total	Amount Requested	Cash	In-kind
Total:								
Narrative:								

6.2 Fringe Benefits

If the proposed budget includes Fringe Benefits costs, please indicate in the narrative the type of documentation that will be maintained and used to allocate fringe benefits. If applicable, cash and in-kind contributions from applicant organization should be identified.

Please complete the budget detail below using ‘Percent’ to indicate the percentage of the total salary (for all staff) indicated by the ‘Unit’ amount.

Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Percent	Units	Total	Amount Requested	Cash	In-kind
Total:						
Narrative:						

6.3 Contractual Costs

Please indicate the grant expense in the ‘Amount’ field. If applicable, cash and in-kind contributions from your agency should be identified in the budget detail.

Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Total	Amount Requested	Cash	In-kind

Total:				
Narrative:				

6.4 Travel Costs

Please indicate the grant expense in the 'Amount' field. If applicable, cash and in-kind contributions from your agency should be identified in the budget detail.

Applicants should budget travel and accommodations for three days of in-state training for each staff member who will participate in activities related to enrollment in health coverage.

Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Total	Amount Requested	Cash	In-kind
Total:				
Narrative:				

6.5 Commodities/Supplies Costs

Please indicate the grant expense in the 'Amount' field. If applicable, cash and in-kind contributions from your agency should be identified in the budget detail.

Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Total	Amount Requested	Cash	In-kind
Total:				
Narrative:				

6.6 Printing Costs

Please indicate the grant expense in the 'Amount' field. If applicable, cash and in-kind contributions from your agency should be identified in the budget detail.

Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Total	Amount Requested	Cash	In-kind

Total:				
Narrative:				

6.7 Equipment Expenses

Please indicate the grant expense in the 'Amount' field. If applicable, cash and in-kind contributions from your agency should be identified in the budget detail.

Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Total	Amount Requested	Cash	In-kind
Total:				
Narrative:				

6.8 Telecommunications Costs

Please complete the budget detail below using 'Quantity' (QTY) for the number of units and 'Rate' for the projected cost per unit. If applicable, cash and in-kind contributions from your agency should be identified in the budget detail.

Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Qty	Rate	Unit of Measure	Total	Amount Requested	Cash	In-kind
Total:							
Narrative:							

6.9 Administrative Costs

Please complete the budget detail below using 'Quantity' (QTY) for the percentage and 'Rate' for the projected expense amount. Specify an appropriate Unit of Measure (UoM) for each expense category. If applicable, cash and in-kind contributions from your agency should be identified in the budget detail.

Applicants should include the cost of a criminal background check for each employee working on grant activities in this section.

Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program.

Description	Qty	Rate	Unit of Measure	Total	Amount Requested	Cash	In-kind
Total:							
Narrative:							

6.10 Grant Budget Summary

(Note: This section is for summary purposes only. A detailed budget must be entered on EGrAMS for each of the categories listed above. The summary will automatically populate from those pages.)

Program Expenses	Requested Grant Budget Amount	Applicant Match of Cash and In-Kind Contribution
Personal Services <i>(Includes Salary and Wages)</i>		
Fringe Benefits		
Contractual Services		
Travel		
Commodities/Supplies		
Printing		
Equipment		
Telecommunications		
Administrative Costs		
Grand Total		

Criteria for Scoring Proposals: The Project Budget and Project Budget Narrative section of the application (6.1-6.10) will be reviewed and scored according to the following criteria (10 Points):

- The extent to which the applicant provides a detailed budget and line item justification for all operating expenses that is consistent with the proposed program objectives and activities.
- The costs projected for the proposed activities and staffing level are reasonable

SECTION 7. APPLICANT CERTIFICATION

Under penalty of perjury, I certify that I have examined this application and the document(s), proposal(s), and statement(s) submitted in conjunction herewith, and that to the best of my information and belief, the information contained herein is true, accurate, correct, and complete.

I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this grant application is approved for funding.

I hereby release to IDPH the rights to use photographs and/or written statements of information, regardless of the format, contained in or provided after the grant application for the purposes of publication on the IDPH web site, unless the applicant submits a written request asking that the information not be disclosed.

Date	Signature	Printed Name/Title
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SECTION 8. REQUIRED ATTACHMENTS

1. The organization is required to attach its W-9 form.
2. The organization is required to attach its latest audit report. If no such report is available, please attach an explanation. *(1024 Character Maximum)*
3. If Applicable: If organization has applied for funding under the federal [Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges program](#), please attach an explanation of all activities in which requested funding overlaps with this funding opportunity.
4. If Applicable: If organization has applied for funding under the federal [Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges program](#), please attach Navigator Project Narrative.

APPENDIX I

Federal regulations governing this program can be viewed online at the following locations:

- <http://www.gpo.gov/fdsys/pkg/FR-2012-03-27/pdf/2012-6125.pdf>
 - See 155.205 and 155.210 for program standards
 - See 155.260 for privacy and security requirements
- <http://www.gpo.gov/fdsys/pkg/FR-2013-04-05/pdf/2013-07951.pdf>
 - See 155.215 for training and conflict-of-interest standards

The Illinois Outreach and Education Plan is available here:

<http://www2.illinois.gov/gov/healthcarereform/Documents/Health%20Reform%20Implementation/Illinois%20Health%20Insurance%20Marketplace%20Outreach%20and%20Education%20Plan.pdf>